

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2021 NOV 30 P 3:20

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)  
Adner Marcelin

**3. Address** (include post office box or street, city, state, zip code)

3581 Coyote Creek Drive  
Tallahassee, Florida 32301

**4. Telephone**  
(850 ) 284-9880

**5. E-mail address**  
heyadner@gmail.com

**6. Office sought** (include district, circuit, group number)  
Tallahassee City Commission - Seat 05

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**  
Tiffany V. Mount, Esq.

**11. Mailing Address**  
1041 Longstreet Dr.

**12. Telephone**  
( 850 ) 339-7723

**13. City**  
Tallahassee

**14. County**  
Leon

**15. State**  
FL

**16. Zip Code**  
32311-4005

**17. E-mail address**  
mountesq@gmail.com

**18. I have designated the following bank as my** ☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**  
Self-Help Credit Union

**20. Address**  
3515 Maclay Blvd. S.

**21. City**  
Tallahassee

**22. County**  
Leon

**23. State**  
Florida

**24. Zip Code**  
32312

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**  
November 30, 2021

**26. Signature of Candidate**

**X**



**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

Tiffany Mount, Esq.

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

November 30, 2021

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer



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**2. Name of Candidate** (in this order: First, Middle, Last)  
Adner Marcelin

**3. Address** (include post office box or street, city, state, zip code)

3581 Coyote Creek Drive  
Tallahassee, Florida 32301

**4. Telephone**  
(850 ) 284-9880

**5. E-mail address**  
heyadner@gmail.com

**6. Office sought** (include district, circuit, group number)  
Tallahassee City Commission - Seat 5

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☐ Campaign Treasurer    ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**  
Adner Marcelin

**11. Mailing Address**  
3581 Coyote Creek Drive

**12. Telephone**  
( 850 ) 284-9880

**13. City**  
Tallahassee

**14. County**  
Leon

**15. State**  
FL

**16. Zip Code**  
32301

**17. E-mail address**  
heyadner@gmail.com

**18. I have designated the following bank as my** ☐ Primary Depository    ☒ Secondary Depository

**19. Name of Bank**  
Self-Help Credit Union

**20. Address**  
3515 Maclay Blvd. S.

**21. City**  
Tallahassee

**22. County**  
Leon

**23. State**  
Florida

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32312

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**25. Date**  
November 30, 2021

**26. Signature of Candidate**

X

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

Adner Marcelin

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer    ☒ Deputy Treasurer.

November 30, 2021

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA


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I, Adner Marcelin,

candidate for the office of Tallahassee City Commission - Seat 35;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

November 30, 2021

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).